

## REPORT TO:

### CCG Governing Body in Common

<b>Enclosure:</b>				
<b>Report to:</b>	<b>CCG Governing Body in Common</b>			
<b>Title:</b>	<b>Annual Report to the Governing Body in Common on Emergency Preparedness, Resilience and Response (EPRR).</b>			
<b>Meeting Date:</b>	29 August 2019			
<b>Executive Lead(s):</b>	<b>Exec Sign-Off Y/N</b>	<b>Author(s):</b>		
Jane Moore	Y	Mark Doran		
<b>Clinical Lead(s) Reviewer:</b>	<b>Links to the STP Y/N (if Y, which programme):</b>			
N/A	N/A			
<b>Action Required (select):</b>				
<b>Decision</b>	<b>X</b>	<b>Discussion</b>	<b>For Assurance / For Information</b>	<b>X</b>
<b>Purpose of the Paper (Key Points + Executive Summary):</b>				
<p>The purpose of this report is to provide the CCG Governing Body in Common with an Overview and Summary of the CCG arrangements in place for Emergency Preparedness, Resilience and Response (EPRR) and seek approval for those elements of the CCG systems require Board level approval.</p>				
<b>Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):</b>				
<p><b>The report summarises the following risks</b></p> <p>Emergency planning risks that are derived from the Staffordshire Resilience Forum Risk Register and which may potentially have an impact on CCGs or the local health economy.</p> <p>Health service risks arising from the UK leaving the EU with no deal.</p> <p>These risks are in the process of being uploaded to the CCG risk management system. None are rated high at this stage.</p>				
<b>Implications:</b>				
Legal and/or Risk	CCGs are legally required to have suitable arrangements in place to place for major incidents and events that might diversely impact on statutory or essential CCG functions or on the sustained delivery of commissioned health services.			

CQC	Nil
Patient Safety	Nil
Patient Engagement	Nil
Financial	Nil
Sustainability	Nil
Workforce / Training	Report provides assurance on EPRR Training needs analysis and training plan for 2019 and for 2020

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		N/A
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i> <ul style="list-style-type: none"> <li>Can you confirm an Equality Impact &amp; Risk Assessment (EIRA: stage 1 &amp; 2) has been completed; if not, what is the rationale for non-completion?</li> <li>Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those?</li> <li>Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements)</li> <li>What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?)</li> <li>Explain any 'objective justification' considerations, if applicable</li> </ul>		N/A
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>	✓	

Recommendations / Action Required:
<p>The Governing Body in Common is asked to:</p> <ul style="list-style-type: none"> <li>Approve the CCG EPRR Policy Statement and underpinning policy prepared for us by the CCU.</li> <li>Confirm that the CCG resources available to support EPRR described in this report is suitable and sufficient.</li> <li>Approve the CCG EPRR work plan for 2019 / 2020.</li> <li>Approve the CCG amalgamated business continuity plan and three risk specific business continuity plans.</li> <li>Note the CCG EPRR core Standards rating for 18/19 and predicted rating for 19/20</li> <li>Note the remaining content of the EPRR annual report provided for information.</li> </ul>

**Annual Report to the Governing Body in Common on Emergency Preparedness, Resilience and Response (EPRR).**

## **1. Aims and Objectives of this Report**

- 1.1. The purpose of this report is to provide the CCG Governing Body in Common with an Overview and Summary of the CCG arrangements in place for Emergency Preparedness, Resilience and Response (EPRR) and seek approval for those elements of the CCG systems require Board level approval.

## **2. Specific Objectives**

### **2.1. The specific objectives of this report are**

- Present and seek approval from the Governing Body for the CCG EPRR Policy Statement and Underpinning Policy.
- Outline to the Governing Body the CCG resources available to support EPRR and this resource is adequate.
- Provide the Governing Body in Common with an update into the CCG rating against EPRR Core Standards for 18/19 and predicted rating for 19/20.
- Present the key issues, achievements incidents and learning relating to EPRR in 2018 / 2019 (Leaving the EU without a deal is covered separately).
- Present and seek approval for the 2019 / 2020 EPRR summary work plan.
- Present and seek approval for the CCG amalgamated business continuity plan and a group of risk specific business continuity plans.
- Provide the Governing Body in Common with an update on Staffordshire wide EPRR risks.
- Provide the Governing Body in Common with an update on Exiting the EU with No Deal.
- Provide the Governing Body in Common with a brief summary of key potential emerging EPRR issues and CCG role in addressing these.

## **3. EPRR Policy Statement and policy document.**

- 3.1. The CCGs are required to have a clear policy statement on EPRR. This has been reviewed in 2019 and is as follows:

*“Staffordshire and Stoke on Trent Clinical Commissioning Groups are committed to the effective Emergency Planning arrangements. This will include advanced planning, response and recovery*

*arrangements for unplanned serious or major incidents. For this purpose serious or major incidents are those that have the potential to disrupt the ability of the CCGs to meet their statutory roles and essential functions and / or disrupt the delivery of effective and high quality healthcare to the populations of Staffordshire and Stoke-on-Trent.*

*Staffordshire and Stoke on Trent Clinical Commissioning Groups will ensure that they have the necessary resources in place to plan for serious or major incidents and to respond effectively to such incidents. This will include the CCGs fulfilling the role in the tactical co-ordination for the health response in the event of major incidents requiring multi-agency response. The CCG will have the capability to set up and operate an incident control centre if required, will provide 24/7 silver and gold responders and will activate the silver and or gold response across the Staffordshire health economy. The CCGs will lead the post incident health economy recovery operation.*

*Staffordshire and Stoke on Trent Clinical Commissioning Groups will maintain business continuity plans that support its ability to maintain its statutory roles and essential functions in the event of a major incident and support rapid recovery.*

*The Staffordshire and Stoke on Trent Clinical Commissioning Groups plan outlines how the CCGs will fulfil their EPRR duties, giving assurances of processes and resources required for this role. The document has both an internal and external focus where support and assurance to commissioned services is required for effective planning arrangements.”*

### 3.2. Recommendation 1

3.3. The Governing Body is asked to approve this policy statement and the attached policy document Appendix 1.

## 4. Emergency Preparedness, Resilience and Response (EPRR) Structure and Available Resource

4.1. During 2019 / 2020 the CCG EPRR team was confirmed. The EPRR function is an example of matrix working and the core team works across multiple directorates.

Position	Role	Post Holder
<b>AEO</b>	Accountable Emergency Officer (AEO) who has the statutory responsibility for EPRR delivery.	Marcus Warnes.
<b>Director Lead</b>	Director responsible for EPRR and Business Continuity Planning, including EU Exit/No Deal.	Jane Moore.
<b>Deputy Director Lead</b>	The deputy director responsible for the Urgent Care Team and the silver on-call	Becky Scullion

	team. Deputy Director Lead for EPRR including EU Exit/No Deal.	
<b>EP Lead</b>	Emergency Planning (EP) Lead who will oversee the day to day delivery of EPRR functions. The EP Lead will also lead on the annual Core Standards return for the CCGs and for assurance of the Core Standards returns by service providers.	Mark Doran.
<b>EPLO</b>	Emergency Planning Liaison Officer (EPLO) who will be responsible for assisting in the maintenance of the EPRR plans and Resilience Direct sites as well as assisting in exercising roles.	Jayne Brookfield
<b>EP Link Officer</b>	Emergency Planning (EP) Link Officer from the Civil Contingencies Unit. This role is to provide advice and support on multi-agency emergency planning matters, whilst supporting internal arrangements as required, including training, exercising, plan support and debriefing.	Brian Macmillan
<b>On Call Staff</b>	The organisation maintains a 24/7 response capability at a strategic (gold) and tactical (silver) level. These roles are held by competent experienced post holders capable of delivering incident response to any incident affecting the health economy.	
<b>Directorate Lead for Business Continuity</b>	Each Directorate has identified leads from each team to support business continuity planning who have and will continue to review essential functions and contingency arrangements.	
<b>Directorate Business Continuity Recovery Teams</b>	Each Team (for Business continuity purposes) has identified a business continuity recovery team that will lead the recovery process.	

4.2. In addition in the event of resource intense events, for example when Alliance Medical failed during 2018, the CCG will mobilise additional resources to assist with incident response and recovery.

#### 4.3. Recommendation 2

4.4. The Governing Body is asked note the above structure and to agree that the CCG has adequately resourced its EPRR arrangements.

### 5. Emergency Preparedness, Resilience and Response (EPRR) Core Standards.

- 5.1. Each year NHS organisations are required to complete a self-assessment against a set of nationally mandated core standards which are then verified against through a confirm and challenge process. This supplemented with a self-assessment against a set of deep diver standards into a EPRR subject which changes every year. The deep dives are to support improvement are not formally rated.
- 5.2. The CCG leads of the confirm and challenge process for our main Health Service providers alongside NHS England
- 5.3. **2018 / 2019 Core Standards** – The Staffordshire and Stoke-on-Trent CCGs were rated as substantially compliant. *Please note that this rating took into account the fact that the six CCGs were a newly formed management organisation bringing together arrangements from multiple organisations.*
- 5.4. **2019 / 2020 Core Standards** – The Staffordshire and Stoke-on-Trent CCGs self-assessment submission (due early September 2019) will show the CCGs as being substantially compliant. This is subject to the Confirm and Challenge process scheduled for early October 2014.
- 5.5. Our self-assessment will show that we do not comply with two standards. These are
- 5.6. **Access to logists** (Staff whose role is to complete detailed logs of issues, actions decisions etc in an systematic way during a major incident) 24/7 in the event of a major incident to support CCG role as leading the health tactical coordination response.
- 5.7. Completing CCG arrangements for access to logists is underway and included in the 2019 / 2020 work plan.
- 5.8. Mitigating action in place includes
- Training all silver-on-call staff to complete personal logs and
  - Ability to request logist support from the Civil Contingency Unit (CCU). This is not contractually guaranteed but is very likely to be available in the event of a major incident.
- 5.9. **Evidence of Internal Audit into Business Continuity Plans.**
- 5.10. The internal resource required to address the potential for no-deal EU Exit January – March 2019 lead to a delay in some of the 2018 / 2019 EPRR activity and thus the need to delay this internal audit. It is now included in the 2019 / 2020 work plan.

5.11. The 2019 / 2020 deep dive relates to severe weather. Although not formally rated, the CCG self-assessment will show that we are compliant with those standards where there is significant relevance to the CCGs.

5.12. One key action emerging from the deep dive into severe weather is for the CCG to proactively identify all GP practices whose premises are in an area being designated as at elevated risk of flooding. This is included in the 2019 / 2020 work plan.

**6. Key issues, achievements, incidents and learning relating to EPRR in 2018 / 2019 (Leaving the EU without a deal is covered separately).**

6.1. Key or noteworthy EPRR events with respect to CCGs During 2018 / 2019 are as follows: These are listed to provide a flavour for the kind of events the EPRR team are asked to get involved in. Further details of each listed event can be supplied on request.

- Consolidation of Single six CCG Wide Silver and Gold on Call Teams with single training programme.
- Consolidation of six CCG EPRR Structure
- Completion of Training Needs Analysis re EPRR for CCG on Call Teams (Training is scheduled through 2019)
- Participation in ten Multi-Agency Exercises (detailed below). This exceeds by some margin the exercises required under EPRR core standards.
- Review / Development of Team and Overarching Business Continuity Plans
- Review / Development of Suite of on-call action cards
- Tactical co-ordination for health of a major fire at The George Bryan Centre in Tamworth
- Response to the failure of a social care / care home provider to ensure continuity of service provision for CCG service users
- Support for UHNM following a large scale IT system failure
- TB outbreak on the border of Staffordshire / Shropshire necessitating mass screening and treatment of exposed people.
- Hepatitis A case at a nursery in Cannock necessitating vaccination of exposed children.
- Breast Screening Incident in Dudley impacting on some Staffordshire Patients and necessitating a multi-agency response.

6.2. In addition the team was fully involved preparation for no dealt EU Exit outlined below.

Exercise	Type	Participants
Mercury 2018	Communication / Activation (Staffordshire Multi-Agency)	Urgent Care Team
Hermes	Communication / Activation Health Multi-agency	Urgent Care Team
Touchbase	Communication / Activation Health Multi-	EPRR Lead and Urgent Care

	agency	Team
Mercury 2019	Communication / Activation (Staffordshire Multi-Agency)	EPPR Lead and Urgent Care Team
Staffordshire EU Exit	Activation and Command Post	Silver on call EPPR Lead and Urgent Care Team
Raven Tactical x3	Desktop - Terror Incident	Silver on Call and Urgent care (8 in total)
Raven Strategic	Desktop - Terror Incident	Lead Director (JM)
Roving Storm	Desktop – Cyber attack	Silver on call

### 6.3. Amalgamation of Lessons Learned from Exercises

- Improvements to the information on weekly provider contacts sheets
- Provider revisions to internal procedures followed to ensure prompt response from on-call team members.
- Corrections to telephone numbers
- Clarification of arrangements to deploy emergency mortuary facilities
- Clarifying the role of silver-on-call in tactical co-ordination groups
- The Raven and Roving Storm Exercises provided a training and development opportunity for a number of CCG staff who had not had previous exercise experience of tactical coordination groups. The CCG EPPR Director took on the Health Strategy role at the Raven Strategic Exercise (normally an NHSE role). The Roving Storm exercise provided non-IT CCG silver on-call staff with exposure to cyber-attack scenario.

## 7. 2019 / 2020 EPRR summary Work plan

7.1. The overarching CCG 2019 / 2020 work plan is as follows:

Complete by	Action
15/09/19	Review outbreak and season flu procedures.
15/09/19	Issue updated on-call action cards
01/10/19	Conduct Multi-agency EU Exit Readiness Exercise as required by NHSE
31/10/19	Complete preparations for no-deal EU Exit in line with national guidelines
Quarterly	Silver on call forums and delivery of scenario based workshops.
31/12/19	Complete 2019 training programme for CCG on-call staff
31/01/20	Complete training needs analysis for 2020
31/01/20	Address any shortfalls identified through the 2019 core standards confirm and challenge
2020 (ongoing)	Deliver 2020 EPRR training programme.
30/04/20	Review overarching EPRR strategy and plans
Apr – Jun	Exercise to test three business continuity plans (one per month)



2020	
June 2020	Internal audit opinion on business continuity plans
July 2020	Review Business Continuity Plans
31/08/20	Complete 2020 Core Standards annual self-assessment
September 2020	Annual EPRR Report to governing body

## 7.2. EPRR Training

### 7.2.1. Core Training – To be provided to all CCG on-call staff and Core EPRR team.

- National Occupational Standards and Skill Sets for EPRR
- Role of CCGs in health and multi-agency response to major incidents (NHS Tactical Co-ordination).
- Directorate level business continuity planning.
- Bespoke CCG on call training (common incidents and actions required, action card)
- Use of Resilience Direct
- Joint Emergency Services Interoperability Principles (JESIP)
- Personal Log taking and its importance
- Local CCG plans and action cards

### 7.2.2. Developmental Training

- Multiagency regional plans
- Initial Operating Response (IOR) awareness – Relates to response to CRBN (Chemical, Radiological, Biological Nuclear) incidents.
- Operation Bridge Awareness (Death of a senior royal)
- Use of Resilience Directing for Tactical Mapping – e.g. flood planning.
- Tactical Coordination Group Workshop

## 7.3. Planned Exercises for 2020.

- Two x six monthly Health communications and activation exercises (Touchbase)
- Two x six monthly Local Resilience Forum Multi-Agency communications and activation exercises (Mercury)
- Exercise Fortitude March 2020 – a one week long exercise which will be “live” multi-agency exercise involving a complex major incident \*
- Wildfire Exercise. This will include activation of mobile incident coordination centre and CCG on call colleagues will have opportunity for “Drop in” familiarity with this facility.
- Three desktop tactical major incident exercises (Raven)
- Strategic level (Gold) desktop major incident exercise (Raven Strategic)
- Desktop major incident recovery exercise (Raven Recovery)
- Three CCG internal business continuity plan exercises
- One internal silver on-call control room activation exercise.

- Exercise Eris (regional cyber-attack response exercise).

7.4. We expect there will be additional regional exercises to which CCGs will be invited. This may include an exercise relating to a major power protracted outage.

7.5. Places on exercises will be offered to all staff on-call with priority given to those who have not participated in an exercise for some time. It is however not always possible for CCGs to nominate representatives to attend non-mandatory exercises due to the high workload and other priorities. The EPRR Director will be notified of short notice cancellations of CCG staff due to attend EPRR Exercises.

7.6. \*Please note that Fortitude will require a significant CCG commitment but participation in a live exercise once every three years is mandatory for CCGs.

**7.7. Recommendation 3**

7.8. The Governing Body is asked to approve the proposed EPRR Workplan.

**8. CCG and Health related EPRR risks (taken from the Staffordshire EPRR risk register)**

8.1. Please note that these risk are largely derived from a national risk register. Risks not related to or with no significant impact on the health economy have not been included.

8.2. Please note that Staffordshire Resilience Forum (SRF) risk register risk scores are based on a national risk scoring system that uses definitions different to the CCG system and which consider large scale impact and likelihood over many years. Those scores relate to impact and likelihood on a smaller scale and over a shorter period. This means that a number of these risks will have a different risk rating within the CCG than across the whole of the Staffordshire Resilience Forum.

Risk	Risk Rating (SRF)	Risk Rating CCG	Comments / CCG Response and Mitigation
H2 / H32 Maintenance of Fuel supply	3	4	Mitigated by CCG Fuel shortage plan.
H9 Toxic Chemical Release	3	3	CCG will follow multi-agency plan in response to a chemical release incident.
H14 Food supply contamination	12	6	CCG will follow multi-agency plan in response to a food contamination incident. CCG risk reflects the difference in magnitude re the community as a whole compared with health services.
H17 Storms and Severe Winds	6	2	Mitigated by CCG severe weather plan.
H18 Snow and Ice and Cold	12	4	Mitigated by CCG severe weather plan.
H21 River Flooding	12	4	CCG will follow multi-agency plan in response to a flooding incident. CCG risk reflects the difference in magnitude re the community as a whole compared with

			health services.
H22 Surface Water Flooding	12	4	CCG will follow multi-agency plan in response to a flooding incident. CCG risk reflects the difference in magnitude re the community as a whole compared with health services.
H23 Pandemic Flu	20	12	CCG has business continuity plans and will follow health system plans to mitigate risk.
H41 Sustained power outage due to National electricity network failure.	12	8	CCG Business Continuity Plans are aimed at ensuring CCG maintains essential functions in the event of significant loss of utilities. CCU is reviewing SRF response to this type of incident during 2019 / 2020.
H48 Heatwave dangerously elevated daily temperatures in excess of 28 days	12	6	Risk to CCG mitigated through national NHS heatwave plan which has been cascaded to all NHS providers.
H58 Rural Wildfires	4	4	There will be a wildfire exercise during 2019 / 2020 including use of mobile incident control centre.
HL7 / 7a Major fire (eg waste site)	6	4	Key health risk element relates to spread of toxic fumes. CCG will follow multi-agency plan in response to a fire incident.
Major Terrorist Incident	TBC	8	Health economy will activate Staffordshire mass casualty plan.
Cyber Attack Impact upon NHS infrastructure or critical systems.	TBC	8	Since the 2017 incident, NHS system security has been upgraded to reduce risk of attack leading to disruption. CCG will follow HIS disaster recovery plan. CCG Business Continuity Plans are aimed at ensuring CCG maintains essential functions During period where IT systems are unavailable.

## 9. CCG Business Continuity Plans.

### 9.1. General Principles of Business Continuity Planning.

9.1.1. The overarching principles of CCG business continuity planning are as follows, (Irrespective of the cause of service disruption):

9.1.2. The priority in the immediate recovery phase following an incident that causes disruption will be to prioritise those elements of its services and capacity that are critical to ensure the CCG is able to meet its statutory or essential functions.

9.1.3. Irrespective of the cause, disruption can be categorised as:

- CCG staff being unable to access the CCG bases or facilities
- CCG staff not being available to work normal
- CCG systems being unavailable or not fully functional.

9.1.4. The disruption may impact upon one or more than function, team or directorate.

9.1.5. Major incidents such as a cyber-attack or a major incident involving infectious ill health such as pandemic flu will potentially impact upon all CCG functions.

- 9.2. Each CCG Team has identified essential functions (priorities for recovery) and recovery team.
- 9.3. Team recovery priorities will step wise address CCG functions that need to be restored in 24 hours, 48 hours, 1 week or longer than 1 week.
- 9.4. Each CCG Team has identified its own core recovery team that will lead the recovery process for that team's essential functions.
- 9.5. The team based business continuity plans will be supplemented with the following generic or overarching business continuity plans
- Fuel Shortage plan
  - Plan in the event of CCG premises non-availability
  - Plan in the event of CCG staff not available to report for work
  - Staffordshire & Shropshire Health Informatics Service (HIS) IT Service Disaster Recovery Preparedness Plan (This plan is developed by the Staffordshire & Shropshire Health Informatics Service rather than by the CCG and has been approved previously).
- 9.6. The first three CCG business continuity plans are appended to this report.
- 9.7. Recommendation 4**
- 9.8. It is recommended that the Governing Bodies in Common approve the appended business continuity plans (Appendices 2, 3, 4 and 5).

**10. Planning for EU Exit with no deal.**

- 10.1. From November to 2018 through to April 2019 the EPRR team were tasked with the leading the CCGs contribution to NHS preparedness for leaving the EU with no-deal. In late March and early April this work was intense with daily and weekly as well as ad hoc reports to NHSE and almost daily updates or information requests from a dedicated NHSE regional EU Exit Team.
- 10.2. This NHSE led information flow and assurance processed ceased in April 2019. It is likely that it will resume in September 2019.
- 10.3. Nine specific key risk areas were identified at a national level. Not all of these are equally relevant to CCGs. In addition two specific risk areas were identified at Staffordshire level. The key risk areas and relevance to CCG plus actions and mitigations are listed below.
- 10.4. These risks are or will be added to the CCG risk register system no later than mid-September 2019. At present none of the risks will score higher than 8 due to the national and local mitigation plans in place. This may rapidly change as national intelligence emerges or impact starts to be felt and all the risks will be under regular review by the EPRR team at least weekly from 01 September 2019.

Supply of medicines and	Shortages of medicinal products will potentially have an adverse impact	In Spring 2019, there was a national plan to mitigate this risk including ensuring additional stock piles,
-------------------------	---	--

vaccines	upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	secure transport routes and provision of alternative supplies.  Locally actions included prohibition of over prescription, no local stockpiles, ability of pharmacists to switch to alternate products without need for fresh prescription. All GPs were aware of the guidance and all secondary care providers gave assurance that necessary arrangements were in place.
Supply of medical devices and clinical consumables;	Shortages of medical devices etc will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	A national plan to mitigate this risk exists including ensuring additional stock piles, secure transport routes and provision of alternative supplies.
Supply of non-clinical consumables, goods and services;	Shortages of non-clinical consumables, goods and services etc will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	The Staffordshire and Stoke-on-Trent CCGs have assessed this risk and found minimal exposure. We are tenants in fully services buildings and critical services eg IT and telecoms etc are provided by organisation with their own detailed Brexit contingency plans. Potentially there is greater exposure to primary care providers who were offered and will continue to be offered CCG support to address and mitigate any risks.
Workforce	Risk that EU nationals will leave NHS roles at short notice. EU national NHS staff were encouraged to register early to ensure they would have no issues with choosing to remain in the UK and at work.	The CCG has assessed this risk and has identified minimal exposure with less than 1% of staff in this group and no irreplaceable roles or significantly exposed teams. Secondary care providers have assessed the risks and identified mitigations. A small number of primary care providers may have greater exposure and support has been offered although not yet been taken up.  The greater exposure is in relation to health and social care staff working for small independent providers or care homes (see below)
Reciprocal healthcare	This risk relates to capacity to identify all service users who are EU nationals and who will not be eligible for free healthcare after no deal EU Exit	Impact of this risk and mitigation is potentially dependent upon whether one to one reciprocal arrangements are made in the days before EU Exit. The primary burden sits with secondary care to identify and charge EU nationals once they are no longer eligible for free NHS care. This will not apply in primary care or urgent care. There is no obligation for GPs to flag that patients may be eligible to pay and EU nationals may have NHS numbers.  The burden is less for CCGs but there is shared financial risk if providers fail to identify and charge in line with national policy. This risk is complex and to date minimal guidance has been issued. Clear timely national guidance will be key.
Research and clinical trials	This risk relates to patients in clinical trials that are part of EU research and development / multi-country trials etc where EU exit may impede continued	We have received positive assurance from our secondary care providers that they are fully sighted on this risk and able to respond appropriately. There is minimal direct involvement of the CCGs.

	care.	
Data sharing, processing and access	No deal Exit from the EU will adversely affect agreements and arrangements for data sharing. This may impact upon some NHS operations.	Following assessment, Staffordshire and Stoke-on-Trent CCGs will not be adversely impacted by this risk.
Return of EU nationals to the UK in significant numbers	With very large numbers of UK citizens often retired living in EU countries, the potential exists for people to return to the UK in large numbers over short period if they feel adversely affected by the impact of no deal EU Exit. One early warning will be people registering with GPs.	There is no evidence that Staffordshire and Stoke-on-Trent have a disproportionate level of exposure to this risk. Until April 2019 we had asked GP practices to by exception report any unusual patterns of new registrations from people whose previous address was non-UK and in the EU. No such reports were received. If any practice is disproportionately affected it will be offered CCG support.
Shortages of health and social care staff	Lower paid health and social care staff are the most likely group to include significant numbers of EU nationals who might elect to leave at short notice or be difficult to replace.	Benchmarking suggests that Staffordshire and Stoke-on-Trent have a “baseline” exposure to this risk, much lower than in metropolitan areas. The local authorities have set up systems to get early warning from care providers if this risk starts to be realised.
Fuel Shortages	<p>NHS providers rely on fuel to maintain services. National planning assumptions include the expectation that all organisations will have sufficient fuel supplies to operate for seven days.</p> <p>In the event of fuel shortages, whilst hospitals etc will have access to their back up supply to maintain operation, there is no system to support staff who rely on personal vehicles to get to work.</p>	<p>When this risk came to light the CG reviewed its business continuity plans. It is clear that the CCG will not be able to access protected fuel supplies for staff vehicles. The national fuel plan may not be activated in the event of EU Exit leading to fuel shortages and if it is activated it may have limited benefit for CCG operations.</p> <p>Nationally there are however plans to keep fuel supplies flowing including use of military drivers and protected access through congested ports of entry.</p> <p>The CCG business continuity plan therefore focusses on delivering core services assuming that staff will run out of fuel. The focus of our plan will be only essential staff need to attend base or meetings unless they can utilise public transport and on supporting primary care teams.</p>
Adverse Impact on Health due to food poverty	In the event of food shortages (lower cost food supplies) and / or food price inflation there may be some sector of the population (those already experiencing poverty) where ability to buy sufficient nutritious food is affected. Within this cohort of people a proportion might be particularly vulnerable to adverse health impact due to malnourishment.	GP practices are able to refer to foodbanks. Health providers may recognise increasing malnutrition in the community. The CCG will seek and share with partners any intelligence that suggests increasing levels of food poverty.

10.5. The Governing Body in common should be aware that two of these risks were flagged nationally several months after the initial guidance was issued. The risk profile for the CCG may change very quickly in which case the EPRR team will provide CCG directors with regular updates and will revise risk ratings accordingly.

## 10.6. Changes in arrangements or risks between planned Exit day in March / April 2019 and Planned Exit day Oct 2019

- In preparation for no deal EU Exit in March 2019 there was a near universal national request that suppliers hold an additional stock pile of medicines and vaccines in anticipation of shortages. In preparation for no deal EU Exit in October 2019 there will be range of mitigation actions, including additional stock piles, secure transport routes and provision of alternative supplies.
- Any adverse impact of an October Exit will overlay winter pressures
- If the supplies of influenza vaccine or in the event of an epidemic level of cases supplies of antivirals are adversely affected, this will have a much more significant adverse impact on health and the stability of the urgent care systems and patient flow. Early indications (Australia) are that there may be a potential higher level of flu cases in 19/20 than in 18/19.
- The plan to prioritise NHS supply routes and / or create additional risk to supply routes may be more difficult than it would have been in March 2019 as commercial organisations will be seeking to secure additional supply routes for Christmas goods.
- If EU nationals in lower paid roles leave the UK in significant numbers, there may be competition from retailers and goods distribution services for lower paid staff with private sector organisations offering better rates of pay to recruit people in lower paid care roles. Care providers reliant on local authority rates will not be able to compete by raising wages in the same way.

10.7. These additional issues have been identified by the National EU Exit team and will be reflected in the planning processes going forward to 31 October 2019.

## 11. Emerging EPRR Issues that may require additional CCG input in 2020 or beyond.

11.1. Governing Body in Common are asked to note that the following issues are being reviewed in various EPRR forums and may become significant in 2020 or in future years.

### 11.1.1. Climate Change

Health service facilities will need to be designed to be comfortable and safe anticipating summer temperatures higher than has been typical in the UK.

11.1.2. Health service commissioners should anticipate more frequent heatwaves with associated demand for health services.

11.1.3. More consideration should be given to flood risk with respect to location of health facilities.

11.1.4. The CCGs will be looking at a risk based analysis of primary care facilities during 2020 re flood risk.

11.1.5. Mass casualty Incidents

Our main NHS providers have robust plans to deal with mass casualty events and locally UHNM will be the primary trauma centre for major casualties.

The CCG major incident response will be to ensure that in the event of a major mass casualty incident, that all CCG resources are mobilised to support:

- Rapid and Safe discharge of patients who do not clinically require a hospital bed
- Support cancellation / delay of elective services to ensure trauma and surgical capacity is available to respond to the incident
- Diversion of urgent patients away from designated centres receiving casualties
- Maximising up-take and use of non-hospital based urgent care services
- Deter unnecessary access to urgent care services
- Utilise Non-emergency patient transport services to protect emergency patient transport capacity for example (with the agreement of the emergency ambulance provider) rapidly transporting patients to be discharged, transporting walking wounded or people self-presenting who need A&E services who do not have life critical injury or illness to alternate hospitals.

A process is currently underway to review the mass casualty plans across Staffordshire and the CCG are fully engaged with this process.

#### 11.1.6. Major and Protracted Power Outage.

All acute hospital providers have regular tested back up power systems and the remaining parts of health economies are sufficiently resilient to cope with typical power outages covering a moderate area for a period of hours. There is however a nationally recognised risk of a widespread major and protracted power outage. Potentially a widespread multi-day power outage might have an adverse impact to a whole health economy that goes beyond current local planning assumptions.

For example certain key parts of a health economies infrastructure, telecommunications, fresh and waste water pumping and sewage handling, fuel retail outlets that fail due a protracted power outage might if sustained have an adverse impact upon delivery of healthcare and even a direct impact on the health of vulnerable people.

There is no intelligence that such an incident is likely but it is one of the higher nationally recognised risks and the EPRR team anticipate that during 19/20 the Staffordshire Resilience Forum will start to formulate response plans, probably including the health economy response.

## 12. Conclusion and Recommendations

EPRR is a mandatory and essential part of the function of an modern and effective clinical commissioning service. The Governing Body in common is asked to note the arrangements in place for the six Staffordshire and Stoke-on-Trent CCGs and the overview of key EPRR issues at this point in time. It is also recommended that the Governing Body approve the EPRR policy Statement and underpinning plan,



Cannock Chase Clinical Commissioning Group  
East Staffordshire Clinical Commissioning Group  
North Staffordshire Clinical Commissioning Group  
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
Stafford and Surrounds Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group



confirm that the CCG has provided adequate resources to underpin its EPRR arrangements and to approve the the CCG EPRR summary work plan and the overarching and specific business continuity plans.